Instructions for Completing the Medicaid Eligibility Worksheet
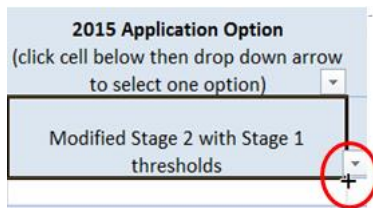
Instructions: Instructions for completing the worksheet step by step. There are also links to web sites and education material for the program. **Return the completed Medicaid Eligibility worksheet to: EhrHelpdesk.DHHS@maine.gov**
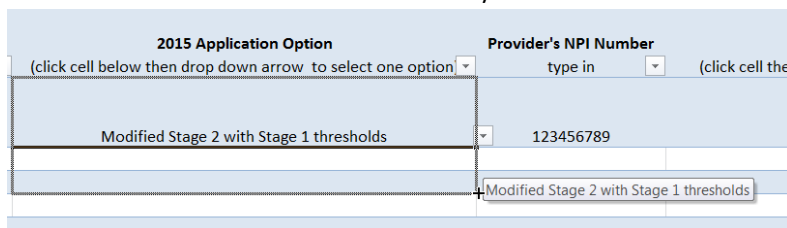
The worksheet has multiple tabs:

- **Tab 1: Fill in the worksheet:** Complete for each provider applying for the program year. Instructions are included below for completing the worksheet step by step. There are also links to web sites and education material for the program.
- **Tab 2: Patient Volume Calc:** Complete with your Medicaid Eligibility for this program year application. Instruction link is on the tab
- **Tab 3: Tip sheet: Audits** - Tip sheet describing the audit process and documentation requirements for the program
- **Tab 4: Version** – shows the version of the worksheet

For submitters that are entering a large group of providers see below for instructions to insert same data into multiple cells that have a drop down option
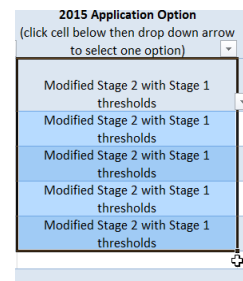
1. When completing the sheet for multiple providers that have the same info you need to copy and paste down - click the cell that has the info you want to repeat; hold the cursor at the right lower corner until it changes to a black cross.

2. Move the cursor down the number of rows you need filled

3. When you release your mouse the rows will be filled with the data chosen.

Guides:

What's changed for the Medicaid EHR Incentive Program for 2015 through 2017? (Modified Stage2)
 2015 Objectives, measures and FAQs
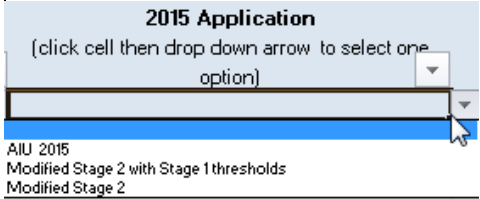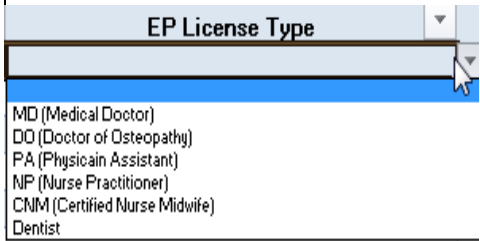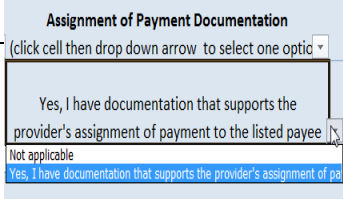Stage 1 provider's in program year 2015: Alternate Exclusions & Specifications
Click here for guide: How to Make Changes or Updates to Provider Information on the CMS Registration Site
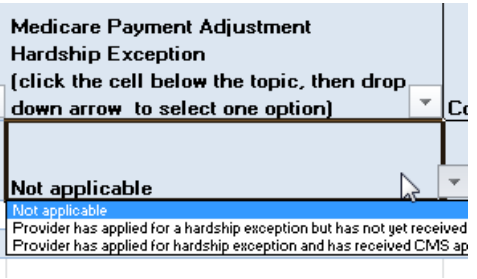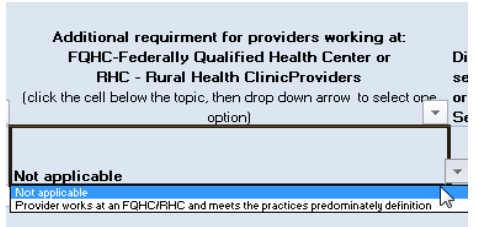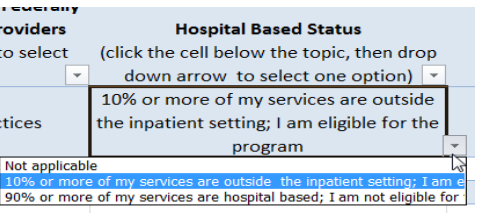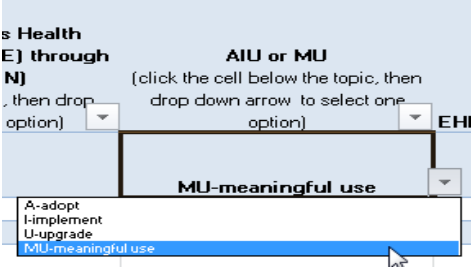Click here for Guide to calculating Medicaid Eligibility

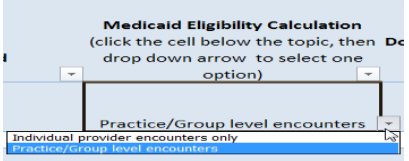# Worksheet Step by Step Instructions

	Worksheet Item	Notes	Action required/Screen Shots/Example
1	Preparer's Name	Name of person completing this worksheet	Jane Doe
2	Best Method of Contact	email or phone	email
3	Phone	xxx-xxx-xxxx	207-xxx-xxxx
4	Email	xxxx@xxxx.xxx	janedoe@xyz.com
5	Provider Name	List each provider name; one per	Dr. Xyz

For all cells that have a drop down option please click the cell then the drop down arrow to select one option

	Worksheet Item	Notes	Action required/Screen Shots/Example
6	**2015 Application Options** choose one	**Program Year 2015 available options:** 1. **AIU 2015** - available to providers first year of participation only. AIU does not require the submission of MU data. 2. **Modified Stage 2 with Stage 1 thresholds** - available to providers that would have been submitting Stage 1 in 2015. Provider can use an alternate objective and measure if it is available. 3. **Modified Stage 2**	2015 Application (click cell then drop down arrow to select one option) — AIU 2015 / Modified Stage 2 with Stage 1 thresholds / Modified Stage 2
7	**Provider's Personal NPI Number**	list the eligible provider (EP) personal NPI number	Type in: 9 digit provider NPI
8	**Provider License Type** choose one	The following provider types are eligible for the Medicaid MU Incentive program: **MD** (Medical Doctor), **DO** (Doctor of Osteopathy, **PA** (Physician Assistant), **NP** (Nurse Practitioner), **CNM** (Certified Nurse Midwife) and **Dentists.** **Important Note for PA's:** Physician Assistants (PA) are eligible only when they are practicing at a Federally Qualified Health Center (FQHC) that is led by a PA or a Rural Health Center (RHC) that is so led. All PA's must maintain documentation that they meet this definition.	EP License Type — MD (Medical Doctor) / DO (Doctor of Osteopathy) / PA (Physciain Assistant) / NP (Nurse Practitioner) / CNM (Certified Nurse Midwife) / Dentist
9	**Provider Specialty**	List the provider's specialty. If the providers specialty is not listed on the registration it can be added by inserting it on the I&A site. Provider types include but are not exclusive to: Psychiatrist, Cardiologist, Pediatrician, Family Practice, Surgeon, etc.	Type in specialty: example: Family Practice
10	**Payee Name**	If a provider is assigning payment list the payee name. **Example:** Dr. A is assigning his payment to the practice where he is under contract. You will list the name of the practice where the provider wants the payment to go.	Type in payee name: Example: XYZ Family Medicine — Assignment of Payment Documentation (click cell then drop down arrow to select one option) / Yes, I have documentation that supports the provider's assignment of payment to the listed payee / Not applicable / Yes, I have documentation that supports the provider's assignment of pa
11	**Assignment of Payment**	The Medicaid EHR Incentive program is a provider based program. It is up to the provider to determine where the payment is disbursed. If the provider elects, or is under contract to assign their payment, the payee that receives the payment must retain documentation that supports the	

	Documentation choose one	provider's decision. If a provider is **not** assigning to another entity select "Not applicable". If provider is assigning payment select "Yes, I have documentation that supports the provider's assignment of payment to the listed payee".	
12	**Payee NPI**	Enter the payee NPI that will receive payment. This NPI must be capable of receiving payments from MaineCare. **Important*** The payee NPI that is entered on the provider's registration in the CMS NLR (National Level Repository) is the payee NPI that will receive payment. You are responsible for updating the NLR registration to reflect the correct payee NPI. We (Maine MU program) cannot change the payee NPI information that is sent to us from the NLR on the provider's registration.	Type in the 9 digit NPI for the payee
13	**Organization Structure**	List the organization structure for each provider. 1. Parent 2. Practice 3. Size of practice (the number of providers at the practice is not limited to those providers participating in the Maine Medicaid EHR Incentive Program)	Type in the organization structure: Example: Parent: XYZ Healthcare; Practice: XYZ Family Medicine; Size: 8 providers
14	**Provider Service Location**	List the provider's physical site location. If a provider works at multiple sites outside of one organization please list all practice site names and addresses for the provider.	Type in the practice site location: Example: XYZ Family Medicine 123 Medical Place Augusta, ME
15	**Medicare Payment Adjustment** choose one	**Select one option from the following:** 1. NA-not applicable 2. Provider has applied for a hardship exception but has not yet received CMS approval 3. Provider has applied for hardship exception and has received CMS approval. **Important*** NP, CNM and PA's are **not** subject to the Medicare payment adjustment.	
16	**Providers working at anFQHC or RHC** choose one	This applies only to providers currently working in an FQHC or RHC. If you do not work at an FQHC or RHC enter NA or leave blank. If the provider works at an FQHC/RHC they must meet the definition of "practices predominantly". **Practices predominantly,** means an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year or the preceding 12 month period prior to this application occurs at a FQHC or RHC.If a provider has not worked at an FQHC/RHC for 6 months you should wait to apply when they meet the practices predominantly definition.	
17	**Hospital Based Status** choose one	A provider is considered hospital based when 90% or more of their services are performed in an Inpatient Hospital (code 21) or ER Hospital setting (code 23). Hospital based providers are **not** eligible for the EHR Incentive Program and should not apply. If you are hospital based but **additionally** perform services greater than 10% outside of the Inpatient or ER setting and have documentation to support those services you are eligible and may apply.	

18	**Maine's Health Information Exchange**	Does the provider participate in Maine's Health Information Exchange (HIE) through HealthInfoNet	type in Yes or No
19	**AIU or MU** choose one	Are you applying for AIU or submitting MU? If you are applying for AIU please indicate in the drop down if you are **A**-adopting CEHRT, **I**-implementing CEHRT, or **U**-upgrading CEHRT. AIU is only an option in the first year of program participation. If you are submitting meaningful use choose **MU-**meaningful use. A first time participant in the Medicaid Incentive program can choose to apply for AIU **or** to submit M for the first participation year. **Important note:** 2016 is the last year a provider may enter the Medicaid Incentive Program for AIU.	
		CEHRT – Certified Health Information Technology	
	Use these resources to find your CEHRT ID and specification	<u>Click here to go the CHPL site</u>	<u>Click here for a guide to Generate a CEHRT ID Number 2015</u>
20	**CEHRT Product Name**	List the name of the CEHRT in use for this application	Example: athenaClinicals
21	**CEHRT Vendor Name**	List the name of the vendor	Example: athenahealth, Inc
22	**Product Version #**	List the CEHRT Product Version #	Example: xx.xx
23	**CHPL Product Number**	List the CHPL Product Number	Example: xxxxxxxxxx
24	**Certification ID Number**	List the generated CMS EHR Certification ID number	Example: xxxxxxxxxxxxx
25	**CEHRT is 2014 Certified**	All CEHRT products **must** be 2014 Certified for program year 2015. Type in **yes or no** if your product is certified to the 2014 criteria. If your product is not a 2014 certified product you are not eligible to participate in program year 2015.	type in: Yes or No
26	**Medicaid Eligibility Calculation** choose one	Select how the Medicaid Eligibility Calculation was determined. **Select one:** Individual provider encounters only or Practice/Group level encounters	
		<u>Click here for Guide to calculating Medicaid Eligibility:</u>	

27	**Does the EP practice at more than one practice site?**	If a provider works at multiple sites outside of a single organization type in yes. Please include documentation of the CEHRT system and location site of any additional practice locations. This applies only to additional practice sites that are not part of a single organization.	type in: Yes or No
28	**Multiple Site MU Reports Combined**	If a provider works at additional practice sites outside of a single organizations system they will gather all MU reports and combine the data for submission. Type in NA, yes or no if the submitted MU for this provider includes report(s) from multiple systems that were combined.	type in: NA, Yes or No

29	**Public Health - 2015 – Stage 1 providers;** alternate objective – meet 1 measure	For the 2015 program year a provider that would have submitted stage 1 can meet the Public Health objective by having met the stage 1 requirement of sending an HL7 message to the ImmPact system. Select from the drop down options: N/A Met Stage 1 requirement by sending a test message to ImmPact	*If a provider is eligible for any exclusion (does not give immunizations, etc.) they will need to answer all 3 measures by either meeting or excluding to meet the objective.*
30	**Objective 10: Public Health Registration Date** (optional for stage 1 providers; required for modified stage 2 providers)	**Objective 10: Public Health Reporting** Enter the date that the provider's practice or individual provider was registered with Maine's Public Health Registry; and what registries were selected for the provider. The date is the original date of the PH registration. The 2015 requirements state that the registration date must be any time prior to or within the first 60 days of the providers reporting period. **Please Note:** If a practice or provider is required to meet Modified Stage 2 for 2015; is not eligible for the Public Health exclusion(s), and did not register during the CMS required timeframe - prior to or within the first 60 days of the provider's MU reporting period; that provider is not eligible to apply for MU for program year 2015.	**Example 1**: **Practice A** registered with Maine's PH registries on February 1, 2014. All providers working at that practice were listed in the PH registration and will use the February 1, 2014 date. If a provider joined Practice A in March of 2015, the practice will add this new provider to any current PH registries that apply to the provider's scope of practice. The MU reporting period for the new provider for 2015 is April 1, 2015 through June 30, 2015 (90 day reporting period for all providers in 2015). The new provider can meet any registry question for MU that is applicable and the date he will use is the original date the practice was registered – in this example 2/1/14. The practice registration meets the requirement with the original registration date as it is prior to the new providers reporting period and the new provider is added by proxy.
31	**Public Health Registries** (optional for stage 1 providers; required for modified stage 2 providers)	Type in all registries that the provider is registered for: • Immunization Registry • Syndromic Surveillance Registry • Specialized Registry – please list any specialized registry the provider is participating with. As of 2015 the Maine CDC Cancer registry is considered a specialized registry.	
32	**Exclusion for Public Health Registries**	Type in all registries that the provider meets the exclusion for: • Immunization Registry • Syndromic Surveillance Registry • Specialized Registry – please list any specialized registry the provider is participating with. As of 2015 the Maine CDC Cancer registry is considered a specialized registry.	*If a provider is eligible for any exclusion (does not give immunizations, etc.) they will need to answer all 3 measures by either meeting or excluding to meet the objective.*